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Approved for use through 1/31/20/7. And 0031-0032.

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/766,136			ling Date 27/2004	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY
	FOR	N	UMBER FIL	LED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), c	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), o	or (m))	N/A		N/A		N/A]	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p), o		N/A		N/A		N/A]	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ = 1		OR	x s =	
IND (37	CFR 1.16(h))	IS	minus 3 = *]	x \$ =]	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 tional 50 s	ngs exceed 100 ion size fee due of) for each on thereof, See of CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	
L	APPI	(Column 1)	(Column 2)	_	OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT	10/30/2006	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ĬŽ.	Total (37 CFR 1.16(i))	· 18	Minus	·· 20	= 0]	X \$25 =	0	OR	x s =	
뷡	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0]	X \$100 =	0	OR	x s =	
Ĭ,	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Z I	Total (37 CFR 1,16(i))		Minus	**	-]	x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1.16(h))		Minus	***	:]	x \$ =		OR	x \$ =	
Z I	Application Size Fee (37 CFR 1.16(s))]]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))]			OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, water 0"n column 3. If the "Highest Number Perviously Paid For NT HIS SPACE is less than 8.0 enter "20". "If the "Highest Number Perviously Paid For NT HIS SPACE is less than 3, enter "3". The "Highest Number Perviously Paid For NT HIS SPACE is less than 3, enter "3". Resalind Ball The "Highest Number Perviously Paid For NT HIS SPACE is less than 3, enter "3".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2. 22 and 37 CFR 1.4. This recollection is estimated to the 12 minutes to complete, encuding pathengy, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.